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## FAX COVER SHEET

	NAME	COMPANY NAME	TELECOPY NO.
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FROM: Shawn D. Bauer

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DATE: October 14, 2005

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Faxed: October 14, 2005  
Applicant: Mark Alan Heldreth  
Invention: **METHOD AND APPARATUS FOR CONTROLLING A SURGICAL BURR  
IN THE PERFORMANCE OF AN ORTHOPAEDIC PROCEDURE**  
Serial No.: 10/669,958  
Filed: September 24, 2003  
Docket: 265280-73424

☒ Amendment Transmittal Letter (Large Entity)  
☒ Response to Office Action (5 pgs.)

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CLIENT# 265280☐ Original to follow by mailMATTER# 73424☒ Original will not follow by mail

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Route to: Karla Mays

OCT 14 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. 265280-73424	
Applicant(s): Mark Alan Heldreth						
Application No. 10/669,958	Filing Date 9/24/03	Examiner. Daniel J. Davis	Customer No. 23643	Group Art Unit 3731	Confirmation No. 4779	
Invention: METHOD AND APPARATUS FOR CONTROLLING A SURGICAL BURR IN THE PERFORMANCE OF AN ORTHOPAEDIC PROCEDURE						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	30 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 10-0435 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: 14 OCT 2005			
Shawn D. Bauer BARNES & THORNBURG LLP 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7313  Attorney Reg. No. 41,603						
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BARNES &amp; THORNBURG LLP

11 South Meridian Street  
Indianapolis, IN 46204  
(317) 236-1313  
(317) 231-7433 Fax**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Group: 3731

Confirmation No.: 4779

Application No.: 10/669,958

Invention: METHOD AND APPARATUS FOR  
CONTROLLING A SURGICAL  
BURR IN THE PERFORMANCE OF  
AN ORTHOPAEDIC PROCEDURE

Applicant: Mark Alan Heldreth

Filed: September 24, 2003

Attorney

Docket: 265280-73424

Examiner: Daniel J. Davis

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on

(Signature)

Karla I. Mays  
(Printed Name)RESPONSE TO OFFICE ACTIONMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of July 14, 2005, please consider the  
following:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.